Fill in this information to identify	y the case:	
Debtor name Breathe Rite Res	piratory Services, Inc.	
United States Bankruptcy Court for th	e: MIDDLE DISTRICT OF FLORIDA, ORLANDO DIVISION	
Case number (if known) 6:19-bk-0	3011	
	-	☐ Check if this is an amended filing
Official Form 202		
	r Penalty of Perjury for Non-Indiv	idual Debtors 12/15
amendments of those documents. T the date. Bankruptcy Rules 1008 an WARNING Bankruptcy fraud is a s	erious crime. Making a false statement, concealing property, or ob can result in fines up to \$500,000 or imprisonment for up to 20 years	debtor, the identity of the document, and taining money or property by fraud in
The second secon	er, or an authorized agent of the corporation; a member or an authorized ag	gent of the partnership; or another individual
I have examined the information i	in the documents checked below and I have a reasonable belief that the in	formation is true and correct:
☐ Schedule A/B: Assets-	Real and Personal Property(Official Form 206A/B)	
Schedule D: Creditors	Who Have Claims Secured by Property(Official Form 206D)	
	s Who Have Unsecured Claims (Official Form 206E/F)	
Schedule G: Executory Schedule H: Codebtors	v Contracts and Unexpired Leases(Official Form 206G) t (Official Form 206H)	
Summary of Assets and	d Liabilities for Non-Individuals (Official Form 206Sum)	
☐ Amended Schedule		
	9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims a	and Are Not Insiders (Official Form 204)
☐ Other document that re	equires a declaration	
I declare under penalty of perjury	that the foregoing is true and correct.	
Executed on May 31, 201	9 X /s/ Josue Aguilar	
	Signature of individual signing on behalf of debtor	
	Josue Aguilar	
	Printed name	

President
Position or relationship to debtor

	Fill in this information to identify the case:			
Debto	name Breathe Rite Respiratory Services, In	с.		
United	States Bankruptcy Court for the: MIDDLE DISTRICT	OF FLORIDA, ORLANDO DIV	ISION	
Case	number(if known) 6:19-bk-03011			
	-			Check if this is an
				amended filing
Offi	oid Form 206A/P			
	cial Form 206A/B	and Davagnal I	Duamantus	
	nedule A/B: Assets - Real a se all property, real and personal, which the debtor ov			12/15
all pro	perty in which the debtor holds rights and powers exectly in which the debtor holds rights and powers exectly value, such as fully depreciated assets or assets the Also list them on Schedule G: Executory Contracts a	ercisable for the debtor's own at were not capitalized. In Sc	n benefit. Also include as hedule A/B, list any exec	sets and properties which have
debtor	complete and accurate as possible. If more space is n 's name and case number (if known). Also identify the s attached, include the amounts from the attachment	form and line number to wh	ich the additional informa	of any pages added, write the ation applies. If an additional
sched	art 1 through Part 11, list each asset under the appropulate or depreciation schedule, that gives the details for's interest, do not deduct the value of secured claims. Cash and cash equivalents	r each asset in a particular c	ategory. List each asset of	only once. In valuing the
1. Does	s the debtor have any cash or cash equivalents?			
_	No. Go to Part 2.			
	Yes Fill in the information below. cash or cash equivalents owned or controlled by the	debtor		Current value of
	Cooking and the cooking of the cooki			debtor's interest
3.	Checking, savings, money market, or financial bro Name of institution (bank or brokerage firm)	kerage accounts (Identify all) Type of account	Last 4 digits of ac number	ccount
	3.1. Wells Fargo Bank	checking	1925	\$297.73
	3.2. Bank of America	Checking	4052	\$3,180.95
				207.70
	3.3. United Southern Bank	Checking	7058	\$67.73
4.	Other cash equivalents (Identify all)			
_	Total of Part 1.			£2.540.44
5.	Add lines 2 through 4 (including amounts on any addi	tional sheets). Copy the total to	o line 80.	\$3,546.41
Part 2	Deposits and Prepayments s the debtor have any deposits or prepayments?			
	No. Go to Part 3.			
02.0	Yes Fill in the information below.			
7.	Deposits, including security deposits and utility de Description, including name of holder of deposit	eposits		
	7.1. Lake Medical Imaging & Breast Center	r; security deposit held b	y landlord	\$500.00

Debtor		c	Case number (If known) 6:19-b	k-03011
	Name			
8.	Prepayments, including prepayments on execu Description, including name of holder of prepayments	itory contracts, leases, insu	rance, taxes, and rent	
9.	Total of Part 2.		Γ	\$500.00
	Add lines 7 through 8. Copy the total to line 81.			
Part 3:	Accounts receivable			
10. Does	the debtor have any accounts receivable?			
	o. Go to Part 4.			
· Ye	es Fill in the information below.			•
11.	Accounts receivable		'	
	11a. 90 days old or less: 29,5	50.11 - doubtful or un	928.73 = collectible accounts	\$28,621.38
-				
12.	Total of Part 3.			\$28,621.38
,	Current value on lines 11a + 11b = line 12. Copy	the total to line 82.		
Part 4:	Investments			
13. Does	the debtor own any investments?			
■ N	o. Go to Part 5.			
	es Fill in the information below.			
Part 5:	Inventory, excluding agriculture assets the debtor own any inventory (excluding agriculture)	ulturo accote)?		
_				
_	o. Go to Part 6. es Fill in the information below.		•	
□ 16	es Fill in the information below.			
Part 6;	Farming and fishing-related assets (other the			
27. Does	s the debtor own or lease any farming and fishing	g-related assets (other than	titled motor vehicles and land)?	
■ N	o. Go to Part 7.			
□ Ye	es Fill in the information below.			
Day 7	Office foundation flatings and equipments on	nd nationalities		
Part 7: 38. Does	Office furniture, fixtures, and equipment; are the debtor own or lease any office furniture, fix		ibles?	
Пм	o. Go to Part 8.		•	
	es Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equip communication systems equipment and softwa			

Official Form 206A/B

Debtor	Breathe Rite Respiratory Services, Inc.	Case number (If known) 6:19-bk-03011		
	3 computers \$650; 5 desks \$150; 3 printers/fax machines \$200; misc. office supplies \$50; 6 Filing cabinets \$100; 2 telephones \$30; 6 chairs \$100; table \$20; 4 kitchen chairs \$20	\$1,320.00	as is condition	\$1,320.00
42 .	Collectibles Examples: Antiques and figurines; paintings, print pictures, or other art objects; china and crystal; stamp, coin, or tother collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$1,320.00
44.	Is a depreciation schedule available for any of the property ■ No □ Yes	/ listed in Part 7?		
45.	Has any of the property listed in Part 7 been appraised by ■ No □ Yes	a professional within t	he last year?	
Part 8:	Machinery, equipment, and vehicles			
	the debtor own or lease any machinery, equipment, or veh	ICIOS?		
	o. Go to Part 9. s Fill in the information below.			
Part 9:	Real property			
54. Does	the debtor own or lease any real property?			
	o. Go to Part 10. s Fill in the information below.			
Part 10:	Intangibles and intellectual property			
59. Doe s	the debtor have any interests in intangibles or intellectual	property?		
_	o. Go to Part 11. es Fill in the information below.			
Part 11:	All other assets			
70. Does Inclu	the debtor own any other assets that have not yet been rede all interests in executory contracts and unexpired leases not provide all interests.	ported on this form? reviously reported on this	form.	
	o. Go to Part 12. s Fill in the information below.			

Debtor Breathe Rite Respiratory Services, Inc. Case number (If known) 6:19-bk-03011 Name Summary In Part 12 copy all of the totals from the earlier parts of the form Current value of real Type of property Current value of personal property property 80. Cash, cash equivalents, and financial assets. \$3,546.41 Copy line 5, Part 1 81. Deposits and prepayments. Copy line 9, Part 2. \$500.00 82. Accounts receivable. Copy line 12, Part 3. \$28,621.38 83. Investments. Copy line 17, Part 4. \$0.00 84. Inventory. Copy line 23, Part 5. \$0.00 85. Farming and fishing-related assets. Copy line 33, Part 6. \$0.00 86. Office furniture, fixtures, and equipment; and collectibles. \$1,320.00 Copy line 43, Part 7. 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$0.00 88. Real property. Copy line 56, Part 9.....> \$0.00 Intangibles and intellectual property. Copy line 66, Part 10. \$0.00 All other assets. Copy line 78, Part 11. \$0.00 \$0.00 91. Total. Add lines 80 through 90 for each column \$33,987.79

\$33,987.79

92. Total of all property on Schedule A/B. Add lines 91a+91b=92

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Debtor name Breathe Rite Respiratory Services, Inc.		
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, ORLANDO	DIVISION	
Case number (if known) 6:19-bk-03011		
		ck if this is an
Official Form 206Sum		
Summary of Assets and Liabilities for Non-Individuals		12/15
Part 1: Summary of Assets		
Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
1a. Real property: Copy line 88 from Schedule A/B	s __	0.00
1b. Total personal property: Copy line 91A from Schedule A/B	s	33,987.79
1c. Total of all property: Copy line 92 from Schedule A/B.	\$_	33,987.79
Part 2: Summary of Liabilities		
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206)		0.00
Copy the total dollar amount listed in Column AAmount of claim, from line 3 of Schedu	ule D\$_	0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a o8chedule E/F	\$_	76,024.17
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b dschedule E/F		119,781.37
4. Total liabilities	\$	195,805.54